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**STATE OF WISCONSIN  
Division of Hearings and Appeals**

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In the Matter of

[REDACTED]  
[REDACTED]  
[REDACTED]

DECISION

MPA/170629

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**PRELIMINARY RECITALS**

Pursuant to a petition filed December 08, 2015, under Wis. Stat. § 49.45(5), and Wis. Admin. Code § HA 3.03(1), to review a decision by the Division of Health Care Access and Accountability in regard to Medical Assistance, a hearing was held on January 19, 2016, at Waukesha, Wisconsin.

The issue for determination is whether the Department of Health Services, Division of Health Care Access and Accountability (DHS) correctly denied the Petitioner's request for lower dentures.

There appeared at that time and place the following persons:

**PARTIES IN INTEREST:**

Petitioner:

[REDACTED]  
[REDACTED]  
[REDACTED]

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Respondent:

Department of Health Services  
1 West Wilson Street, Room 651  
Madison, Wisconsin 53703

By: OIG by letter

Division of Health Care Access and Accountability  
1 West Wilson Street, Room 272  
P.O. Box 309  
Madison, WI 53707-0309

**ADMINISTRATIVE LAW JUDGE:**

Mayumi M. Ishii  
Division of Hearings and Appeals

**FINDINGS OF FACT**

1. Petitioner is a resident of Waukesha County.
2. Petitioner is missing 14 teeth, specifically numbers 1-3, 7-10 (upper anterior teeth), 14, 15, 17, 18, and 30-32. (Exhibit 4)

3. On October 29, 2015, Petitioner's dentist submitted a request for prior authorization of an upper partial denture and a lower partial denture. (Exhibit 4)
4. On November 16, 2016, DHS sent the Petitioner and her dentist notices advising them that the request for services was denied. (Exhibit 4)
5. On November 22, 2015, the Petitioner wrote a letter to DHS seeking reconsideration of her case. (Exhibit 2)
6. On December 7, 2015, DHS sent the Petitioner a letter indicating that it was approving coverage of the upper partial denture, but not the lower. A copy of this letter was also sent to the Division of Hearings and Appeals on December 8, 2015, which Hearings and Appeals treated as a request for hearing. (Exhibit 2)
7. On December 15, 2015, the DHS dental consultant sent Petitioner another letter, reminding her that DHS approved coverage of the upper partial denture, not the lower.

### **DISCUSSION**

The approval criteria for partial dentures is found in the on-line provider handbook, under topic #2895<sup>1</sup>:

#### **Partial Dentures**

Wisconsin Medicaid reimburses for partial dentures *only* for members with good oral health and hygiene, good periodontal health (AAP Type I or II), and a favorable prognosis where continuous deterioration of teeth and periodontal health is not expected.

A member qualifies for a partial denture if any of the following criteria are met:

- One or more anterior teeth are missing.
- The member has less than two posterior teeth per quadrant in occlusion with the opposing quadrant.
- The member has at least six missing teeth per arch, including third molars.
- A combination of one or more anterior teeth are missing, and the member has less than two posterior teeth per quadrant in occlusion with the opposing quadrant.
- The member requires replacement of anterior teeth for employment reasons.
- Medically necessary for nutritional reasons documented by a physician.
- Unusual clinical situations where a partial is determined to be necessary based on a comprehensive review of the dental and medical histories.

**If placement of a partial denture in an arch provides at least two posterior teeth (posterior teeth are bicuspid and molars only) per quadrant in occlusion with the opposing quadrant, the opposing partial, if requested, may not be authorized unless the member also has an anterior tooth missing in that arch.**

*(Emphasis added; See also Exhibit 3)*

Looking at Petitioner's dental records, it appears that the Petitioner has two bicuspid, per quadrant, in occlusion with the opposing quadrants. In addition, she has all of her anterior (front) teeth in her bottom arch. As such, authorization of the lower partial denture cannot be approved.

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<sup>1</sup>

<https://www.forwardhealth.wi.gov/WIPortal/Online%20Handbooks/Display/tabid/152/Default.aspx?ia=1&p=1&sa=15&s=2&c=527&nt=Partial+Dentures>

The Petitioner testified that she cannot chew properly and that she is afraid of choking and embarrassed to go to a restaurant. However, there is no medical documentation showing that the lower partial denture is necessary for nutritional reasons, nor is there any medical documentation showing any unusual clinical issues that support a medical need for a lower partial denture at this time.

The Petitioner also complained that she cannot speak clearly. It is hoped that situation will be greatly improved when she receives her upper partial denture.

**Petitioner is reminded that in order to receive the upper partial denture, she must have her dentist submit a new request for prior authorization, with either the December 7<sup>th</sup> or December 15<sup>th</sup> letter from DHS, attached to it.**

### **CONCLUSIONS OF LAW**

DHS correctly denied authorization of a lower partial denture.

**THEREFORE, it is**

**ORDERED**

The petition is dismissed.

### **REQUEST FOR A REHEARING**

You may request a rehearing if you think this decision is based on a serious mistake in the facts or the law or if you have found new evidence that would change the decision. Your request must be **received within 20 days after the date of this decision**. Late requests cannot be granted.

Send your request for rehearing in writing to the Division of Hearings and Appeals, 5005 University Avenue, Suite 201, Madison, WI 53705-5400 **and** to those identified in this decision as "PARTIES IN INTEREST." Your rehearing request must explain what mistake the Administrative Law Judge made and why it is important or you must describe your new evidence and explain why you did not have it at your first hearing. If your request does not explain these things, it will be denied.

The process for requesting a rehearing may be found at Wis. Stat. § 227.49. A copy of the statutes may be found online or at your local library or courthouse.

### **APPEAL TO COURT**

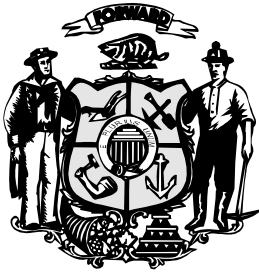
You may also appeal this decision to Circuit Court in the county where you live. Appeals must be filed with the Court **and** served either personally or by certified mail on the Secretary of the Department of Health Services, 1 West Wilson Street, Room 651, Madison, Wisconsin 53703, **and** on those identified in this decision as "PARTIES IN INTEREST" **no more than 30 days after the date of this decision** or 30 days after a denial of a timely rehearing (if you request one).

The process for Circuit Court Appeals may be found at Wis. Stat. §§ 227.52 and 227.53. A copy of the statutes may be found online or at your local library or courthouse.

Given under my hand at the City of Milwaukee,  
Wisconsin, this 20th day of January, 2016

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\sMayumi M. Ishii  
Administrative Law Judge  
Division of Hearings and Appeals



**State of Wisconsin\DIVISION OF HEARINGS AND APPEALS**

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The preceding decision was sent to the following parties on January 20, 2016.

Division of Health Care Access and Accountability